



Personal Information

| | | |
|---|---|------|
| Applicant Name: | | SSN: |
| Date of birth: | M <input type="checkbox"/> F <input type="checkbox"/> | |
| Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> | | |
| Spouse Name: | | SSN: |
| Spouse's Date of birth: | M <input type="checkbox"/> F <input type="checkbox"/> | |

| | | | |
|-----------------------------|--|-------------|------|
| Current address: | City: | State: | Zip: |
| Move in Date: | Status (check one): Lessee <input type="checkbox"/> Guarantor <input type="checkbox"/> | | |
| Monthly payment or rent: \$ | Email: | | |
| Home Phone: | Work Phone: | Cell Phone: | |
| Reason for Leaving: | | | |

List all other Co-Applicants and Occupants Below (including relationship to Occupants and Occupants Ages:)

Current Employment and Salary

If not employed, please explain:

| | |
|----------------------|-------------------|
| Company Name: | Occupation: |
| Employer address: | City: State: Zip: |
| Phone: | Fax: |
| Supervisor: | Employed from: to |
| Annual salary: \$ | |

Previous Employment & Salary (if less than 1 year at current job)

| | |
|----------------------|-------------------|
| Company Name: | Occupation: |
| Employer address: | City: State: Zip: |
| Phone: | Fax: |
| Supervisor: | Employed from: to |
| Annual salary: \$ | |

Other sources of income you would like us to consider:

| Amount | Source |
|--------|--------|
| \$ | |
| \$ | |
| \$ | |



Spouse's Current Employment and Salary

If not employed, please explain:

| | | | |
|----------------------|----------------|-------------|------|
| Company Name: | | Occupation: | |
| Employer address: | City: | State: | Zip: |
| Phone: | Fax: | | |
| Supervisor: | Employed from: | | to |
| Annual salary: \$ | | | |

Spouse's other sources of income you would like us to consider:

| Amount | Source |
|--------|--------|
| \$ | |
| \$ | |
| \$ | |

Resident History (3 years required)

| | | | |
|-----------------------------|--------|----------|------|
| Prior Address 1: | City: | State: | Zip: |
| Apartment or Landlord Name: | Phone: | | |
| Apt/Landlord Address: | City: | State: | Zip: |
| Lived Here from: | to | [~ } dK | |
| Reason for Leaving: | | | |

| | | | |
|--------------------------------|--------|----------|------|
| Prior Address 2: | City: | State: | Zip: |
| Apartment or Landlord Name: | Phone: | | |
| Apartment or Landlord Address: | City: | State: | Zip: |
| Lived here from: | to | [~ } dK | |
| Reason for Leaving: | | | |

| | | | |
|--------------------------------|--------|----------|------|
| Prior Address 3: | City: | State: | Zip: |
| Apartment or Landlord Name: | Phone: | | |
| Apartment or Landlord Address: | City: | State: | Zip: |
| Lived here from: | to | [~ } dK | |
| Reason for Leaving: | | | |

Credit History

Has applicant ever:

- Declared Bankruptcy Yes No Been Evicted Yes No
Refused to Pay Rent Yes No Had a Criminal Record Yes No
Been Arrested for Drug Trafficking Yes No

If yes to any of these, please explain:

General Information

| | |
|---|--------------------------------|
| Applicant's Driver's License Number: | Driver's License State: |
| Spouse Driver's License Number: | Spouse Driver's License State: |
| Does Applicant have any pets at this time: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Vehicle Information

| | | |
|-------------------------------|--------|--------|
| Primary Vehicle Make/Model: | Year: | Color: |
| Tag Number: | State: | |
| Secondary Vehicle Make/Model: | Year: | Color: |
| Tag Number: | State: | |

Emergency Contact

| | | |
|-------------------------|-----------------|-------------|
| Primary Contact Name: | Address: | |
| Relationship: | Home Phone: | Cell Phone: |
| Work Phone: | Email: | |
| Secondary Contact Name: | Address: | |
| Relationship: | Home Phone: | Cell Phone: |
| Work Phone: | Email: | |
| Doctor Name: | Doctor Phone: | |
| Hospital : | Hospital Phone: | |

I/We hereby consent to and authorize any representative of Oberer Management Services to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to: City, county, state, federal law enforcement agencies, credit reporting agencies, present and/or past employers and/or past residences. I understand any information obtained by Oberer Management Services will be used as a factor in decisions they make, at their sole discretion, with respect to the apartment/house for which I am applying.

Furthermore, I hereby release and hold harmless agents, owners and affiliates of, but not limited to: their officers, directors, employees, agents, law enforcement agencies, credit reporting agencies, past and/or present employers, present and/or past residences, its officers and employees that shall provide information to Oberer Management Services, upon request, from and against any and all crimes, demands, suits, or expenses arising from or related to the content, validity or handling of said reports.

I/We hereby certify the information contained in this application for lease is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application and forfeiture of deposit listed below. I/We understand this is an application for an apartment and does not constitute a lease agreement in whole or part.

I/We hereby acknowledge a Non-refundable Application Fee of \$_____ to be used in the processing of this application. I/We hereby acknowledge a Deposit of \$_____ shall be paid to be used to hold the apartment and will be processed at the time the application is submitted. If said application is denied, your deposit is refundable through the standard refund processing. Security Deposit will be forfeited if the application is cancelled by the applicant after 72 hours of application submission.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature _____ **Date:** _____

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Deposit of : _____ **Received by:** _____ **Date:** _____

Application form received by: _____ **Date:** _____

This application has been: () **Approved** () **Denied**

Reason denied: _____

Comments: _____

Applicant Notified by: _____ **Date:** _____

